



REAL ESTATE COMMISSION COMPLAINT STATEMENT

RETURN TO:

DEPARTMENT OF CONSUMER PROTECTION
TRADE PRACTICES DIVISION
165 CAPITOL AVENUE – ROOM 110
HARTFORD, CT 06106

Instructions: Please type or print. Write a **short chronological summary** of the facts and events in your complaint on a separate sheet. Mail this form with your chronological summary to the address provided above.

ALL COMPLAINTS AND DOCUMENTATION BECOME PUBLIC RECORD.

COMPLAINANT: YOUR NAME: _____

STREET _____ CITY, STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____ CELL _____

**LICENSEE'S
NAME** _____

BROKER ☐ OR SALESPERSON ☐ WHAT IS THE NAME OF HIS/HER BROKER AGENCY AND BROKER THAT LICENSEE WORKS FOR:

BROKER AGENCY _____

NAME OF BROKER _____

BUSINESS ADDRESS: STREET: _____

CITY, STATE: _____ ZIP: _____

TELEPHONE # OF LICENSEE: _____ CELL# _____

INFORMATION: DID YOU CONTACT THE LICENSEE ABOUT YOUR COMPLAINT: YES ☐ NO ☐ DATE: _____

PERSON CONTACTED _____ POSITION _____

DID YOU HIRE A LAWYER? YES ☐ NO ☐ ATTORNEY'S NAME _____

LAW FIRM _____

ADDRESS _____ PHONE _____

IS LITIGATION PENDING? YES ☐ NO ☐ IF YES, IN WHAT COURT? _____

Signature

Date